

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS364AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2010
NAME OF PROVIDER OR SUPPLIER HEALTHY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1812 STARBUCK DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight (8) Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illnesses and/or persons with mental retardation and/or persons with chronic illnesses, Category II residents. The census at the time of the survey was eight (8). Eight (8) resident files were reviewed and three (3) employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 620 SS=D	<p>449.2702(4)(a) Admission Policy</p> <p>NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.</p>	Y 620		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 620	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.</p> <p>Based on record review, observation and interview on 11/18/10, the facility admitted a resident who was bedfast and failed to submit a written request for permission to admit a resident who is prohibited from being admitted to a residential facility pursuant to NAC 449.2736 (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Y 620			

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